

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MARCH 22, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed OT X 4 for codes 97003, 97004, 97530, 97035

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The reviewer for this case is a doctor of chiropractic peer matched with the provider that rendered the care in dispute. The reviewer is licensed by the Texas State Board of Chiropractic Examiners and is engaged in the practice of chiropractic on a full-time basis.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
- XX Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
729.5	97003, 97004, 97530, 97035		Prosp	4					Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-22 pages

Respondent records- a total of 29 pages of records received to include but not limited to:

TDI letter 3.1.10; Insurance letter 2.3.10, 2.22.10; Rehabilitation & Occupational Medicine records 1.29.10-2.19.10; picture of injury; DDE report 4.18.08; DWC RME form; Healthcare note 2.3.10

Requestor records- a total of 28 pages of records received to include but not limited to: Rehabilitation & Occupational Medicine letter 3.1.10; Rehabilitation & Occupational Medicine records 1.29.10-3.1.10.10; 5 color pictures of injury; DDE report 4.18.08; DWC RME form; letter 6.12.08; IR report 4.10.08; Healthcare note 12.14.09; report Dr. 2.18.08, 3.10.08

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient presented xx/xx/xx with a crush injury to the deep peroneal nerve in the left leg, apparent damage to musculature and other tissues, and a severe wound. The patient was struck by a car and pinned between 2 cars. He was treated surgically and post-surgically. EDS (EMG/NCV) revealed severe deep personal nerve denervation. The patient was assigned a WP IR of 17% by a DD on April 18, 2008. Pursuant to the DD's recommendations, the patient received additional post-MMI care and was apparently discharged. Patient presented in December, 2010 for treatment of an apparent aggravation to his injury. Six PT/OT sessions were requested, and 2 were completed. The carrier denied the other 4 sessions.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The DD did recommend maintenance therapy post MMI. URA reviewer Dr. cited lack of documentation for the flare-up, including causation and current functional deficiencies arising from the alleged flare-up. Provider Dr. does note current deficiencies and generally reports progress after 2 visits. The type of goniometry or functional capacity data that Dr. seems to be referring to in his denial are not normally associated with general office visits. In my judgment, these are more advanced evaluations, and should be reserved for times when medically necessary, not just to lend support to a preauthorization request.

Dr. also appears to have copied the entire ODG criteria for the leg to support his denial. After a line-by-line reading, I am unable to find any criteria in Dr. denial that refers to severe denervation secondary to a crush injury. His ongoing references to ODG guidelines in this case is unwarranted. ODG does offer some overall guidance regarding the transition of in-office active therapy to a self-directed program in the home. With this in mind, and in my professional judgment, an additional 4 sessions (total of 6) is medically necessary in the treatment and rehabilitation of the noted injury.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES